



Iowa Department of Human Services

# Medicaid EHR Incentive Program

What You Need to Know about Program year 2015

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Carrie Ortega,  
Health IT Project Manager  
[Imeincentives@dhs.state.ia.us](mailto:Imeincentives@dhs.state.ia.us)



## Agenda

- Attestation Reminders
- 2015
  - Dates to Remember
  - Objectives and Measures
  - Attestation system updates (screens)
  - Alternate Attestation Method
- 2016



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# **CALCULATING PATIENT VOLUME**



# Medicaid Patient Volume (MPV)

- For each payment year, EPs must meet one of the following conditions:
  - 30% MPV
    - \$21,250 in first year, and \$8,500 in subsequent years
  - 20% MPV for pediatricians
    - \$14,167 in first year, and \$5,667 in subsequent years
  - Needy PV
    - FQHC or RHC



## Medicaid Patient Volume (MPV)

- The Medicaid patient volume must be a continuous 90-day period from the previous calendar year
- i.e. Attest for 2015 program year, use a 90-day period from 2014 calendar year



## EP Patient Volume

- 42 CFR 495 Subpart D Section 495.306 - Establishing patient volume
- Methods:
  - Patient encounter
  - Patient panel



## Patient encounter method for EPs

- An EP must divide:
  - The total Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; by
  - The total patient encounters in the same 90-day period.



## Medicaid Encounter

- Services rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability including zero-pay claims
- Such services can be included in provider's Medicaid patient volume calculation as long as the services were provided to a beneficiary who is enrolled in Medicaid during the reporting period.





- Zero-pay claims can include but are not limited to:
  - Claim denied because the Medicaid beneficiary has maxed out the service limit;
  - Claim denied because the service wasn't covered under the State's Medicaid program;
  - Claim paid at \$0 because another payer's payment exceeded the Medicaid payment;
  - Claim denied because claim wasn't submitted timely.



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# EHR REPORTING PERIOD



## EHR Reporting Period

- The meaningful use EHR reporting period must be within the incentive payment year, which is based on the calendar year
- Example: To attest for a 2015 incentive payment, the EHR reporting period must be within calendar year 2015



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# AUDIT



## Program Integrity

- Providers must retain all supporting documentation for attestations for no less than six years after each payment year.
  - Examples:
    - Security Risk Assessments/Policies/Procedures
    - Date-stamped reports generated from the EHR system
      - Screenshots to document the EHR system's interface
        - » drug/drug and drug/allergy interaction checks, clinical decision support rules, drug formulary, etc
    - Dated correspondence with the public health registries



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**LAST CHANCE**



## Medicaid EHR Incentive Program

- 2016 is the last program year to initiate participation in the Medicaid EHR incentive program



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## **2015-2017 MODIFICATION RULE**





## Legislation

- 2009: HITECH Act
- 2010: Stage 1 Final Rule
- 2012: Stage 2 Final Rule
- 2014: CEHRT Flexibility Final Rule
- 2015: Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule

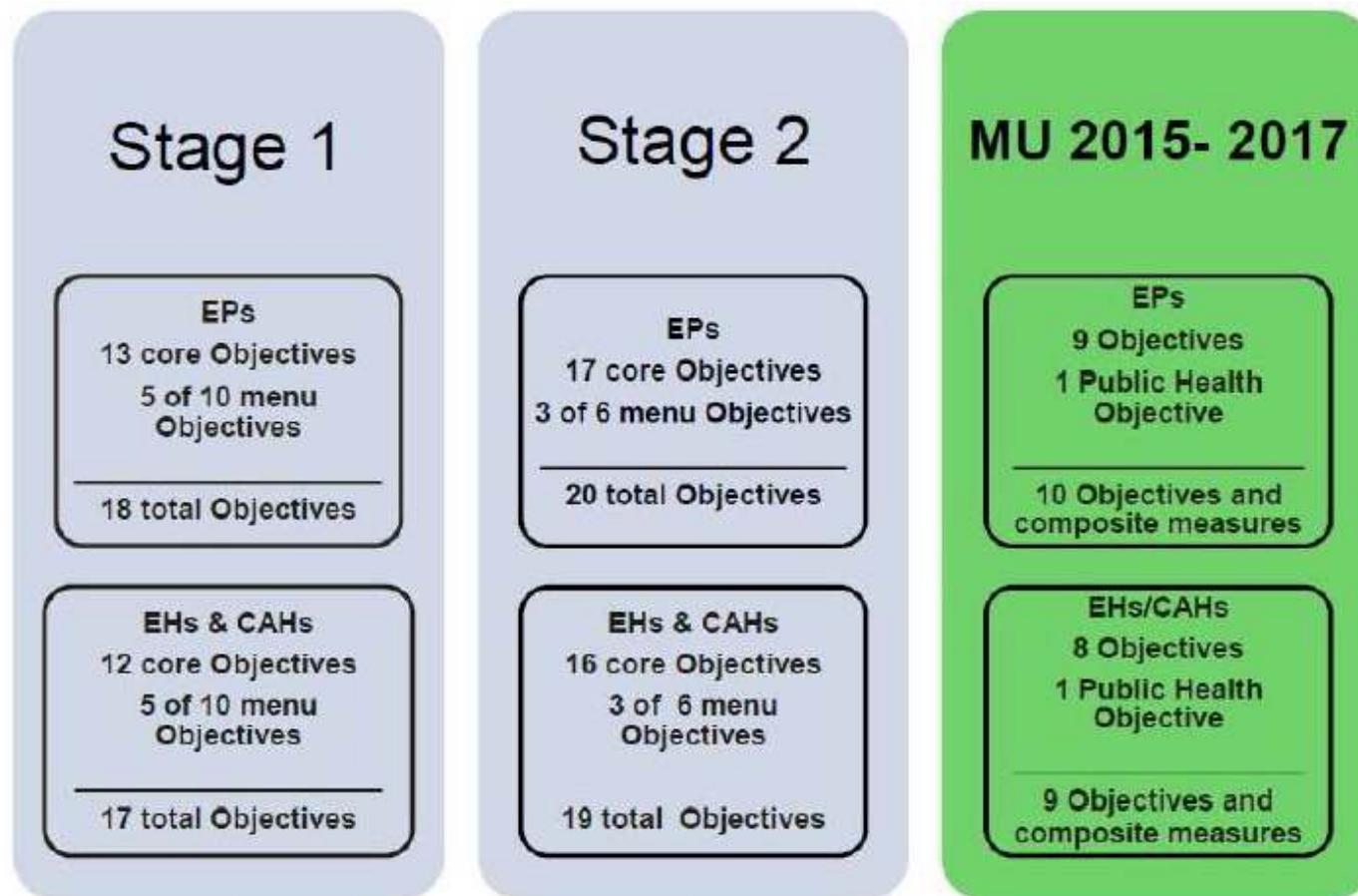


## Goals of MU Modifications

- Discontinue Stage 1 and 2 measures that were redundant, duplicative, and topped out
- Align with Stage 3 to achieve overall goals of the EHR Incentive Programs
- Synchronize reporting period, objectives and measures to reduce burden
- Continue to support advanced use of Health IT to improve outcomes for patients



## Changes to the Core and Menu Objectives





## Dates to Note

- January 4, 2016 – CMS system will be open to accept 2015 applications using the measures from the 2015-2017 Modification Rule
- February 29, 2016 – This is the last day to register your intent to participate in a Public Health Registry in order to meet this measure for a full year of MU for program year 2016
- February 29, 2016 – This is the end of the grace period for the CMS Medicare EHR Incentive program



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PIPP System

# **2015 ATTESTATION**



## 2015 Attestation Dates

- Iowa Medicaid will begin accepting 2015 attestations on Monday, January 11, 2016
- through Friday, March 11, 2016, 11:59 PM



## 2015 Applications

- Applications should not be started until system changes are complete
- Applications started before system changes are complete will be aborted



## 2015 Program Requirements

- All providers are required to attest to a single set of objectives and measures. This replaces the core and menu structure of previous stages.
- For EPs, there are 10 objectives, including one consolidated public health reporting objective.
- In 2015, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition
- To assist providers who may have already started working on meaningful use in 2015, there are alternate exclusions and specifications within individual measures for providers who were previously scheduled to be in Stage 1 of meaningful use.
  - Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures.
  - Allowing providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.





## Determine Stage 1 for Modified Meaningful Use 2015 - 2017

Provider	Provider AIU Yr 1	Program Year	Provider MU Yr1	Program Year
AIU	MU Year 0 = Stage N/A	1	MU Year 1 = Stage 1	1
MU Stage 1	MU Year 1 = Stage1	2	MU Year 2 = Stage1	2
MU Stage 1	MU Year 2 = Stage 1	3	MU Year 3 = Stage 2	3



## MU Attestation – General ?s

Meaningful Use Questions	
<u>Instructions</u> To qualify for an incentive payment the EP/EH must specify the EHR Reporting period, answer the general questions below and attest to each of the objectives.	
#	Measure
GEN-1	EHR Reporting Period <input type="text"/> <input type="text"/>
GEN-2	<p>Objective: How many of your unique patients seen during the EHR Reporting Period have their data in the certified EHR technology?</p> <p>Numerator: Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period. Numerator: <input type="text"/></p> <p>Denominator: Number of unique patients seen by the EP during the EHR reporting period. Denominator: <input type="text"/></p> <p>Percentage: <input type="text"/></p>
GEN-3	What is the principal county in which you practice? <input type="text"/>
GEN-4	Select the specialty that best describes your individual scope of practice <input type="text"/>



## Objective 1

### Protect Patient Health Information

- Measure: Conduct or review a security risk analysis, including:
  - Address security of ePHI
  - Implement security updates
  - Correct identified security deficiencies



## Protect Patient Health Information

**Objective:** Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

**Measure:** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

The Security Risk Analysis (SRA) must be completed no later than the end of the Meaningful Use Reporting period. However, the SRA can be done up to a year prior to the MU reporting period if the SRA was not used for the prior attestation.

a: Enter the dates of the two most recent SRAs:

 15 15

b: Who completed the most recent SRA?

Name:

Title:

c: Was an inventory list prepared of all hardware and software that creates, receives, maintains or transmits Electronic Personal Health Information (ePHI)?

☐ Yes ☐ No

d: Has a final report and/or corrective action plan(s) been documented for all significant deficiencies noted during the SRA, including target dates for implementation? Note: Corrective actions must be completed prior to the submission of your next attestation.

☐ Yes ☐ No



## Objective 2

### Clinical Decision Support

- Measure 1: Implement 5 clinical decision support interventions
- Measure 2: Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period
- 2015 Alternate Measure 1: Implement one clinical decision support rule



## Clinical Decision Support – Stage 1

As an EP previously scheduled to be in Stage 1 in 2015 you may elect to satisfy the Alternate Objectives, Measures or Exclusions shown below for an EHR reporting period in 2015 only.

Do you elect to satisfy:

☐ Stage 2 Objectives and Measures ☐ Alternative Objectives and Measures for 2015

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.  
In order for EPs to meet the objective they must satisfy both of the following measures:

**Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Exclusion:** An EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2 of this objective.

Does the Exclusion to Measure 2 of this objective apply to you?

☐ Yes ☐ No





## Clinical Decision Support – Stage 1

**Alternate Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule. In order for EPs to meet the alternate objective they must satisfy both of the following measures.

**Alternate Measure 1:** Implement one clinical decision support rule.

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No

**Exclusion:** An EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2 of this objective.

Does the Exclusion to Measure 2 of this objective apply to you?

☐ Yes ☐ No

**CDS Rule 1:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 2:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 3:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 4:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 5:** Name a clinical decision supported by your EHR Technology.



## Clinical Decision Support – Stage 2

**Objective:** Use clinical decision support to improve performance on high-priority health conditions.  
In order for EPs to meet the objective they must satisfy both of the following measures:

**Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

**Exclusion:** An EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2 of this objective.

Does the Exclusion to Measure 2 of this objective apply to you? ☐ Yes ☐ No

**CDS Rule 1:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 2:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 3:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 4:** Name a clinical decision supported by your EHR Technology.

**CDS Rule 5:** Name a clinical decision supported by your EHR Technology.





## Objective 3

### Computerized Provider Order Entry

- Measure 1: More than 60% of medication orders
- Measure 2: More than 30% of laboratory orders
- Measure 3: More than 30% of radiology orders



## Computerized Provider Order Entry

- Alternate Measure 1: More than 30% of all unique patients with at least one medication in their medication list; or more than 30% of medication orders
- Alternate Exclusions for Measures 2 & 3: Stage 1 providers in 2015 may claim exclusions for these measures (laboratory and/or radiology orders)



## CPOE – Stage 1

As an EP previously scheduled to be in Stage 1 in 2015 you may elect to satisfy the Alternate Objectives, Measures or Exclusions shown below for an EHR reporting period in 2015 only.

Do you elect to satisfy:

☐ Stage 2 Objectives and Measures ☐ Alternative Objectives and Measures for 2015



## CPOE – Stage 1

<b>Objective:</b> Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.	
<b>Measure 1:</b> More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
<b>Exclusion:</b> Any EP who writes fewer than 100 medication orders during the EHR reporting period.	
Does the Exclusion to Measure 1 apply to you? <input type="radio"/> Yes <input type="radio"/> No	
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.	<b>Numerator:</b> <input type="text"/>
<b>Denominator:</b> Number of medication orders created by the EP during the EHR reporting period.	<b>Denominator:</b> <input type="text"/>
<b>Percentage:</b>	
<b>Measure 2:</b> More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
<b>Exclusion:</b> Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.	
Does the Exclusion to Measure 2 apply to you? <input type="radio"/> Yes <input type="radio"/> No	
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.	<b>Numerator:</b> <input type="text"/>
<b>Denominator:</b> Number of laboratory orders created by the EP during the EHR reporting period.	<b>Denominator:</b> <input type="text"/>
<b>Percentage:</b>	
<b>Measure 3:</b> More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
<b>Exclusion:</b> Any EP who writes fewer than 100 radiology orders during the EHR reporting period.	
Does the Exclusion to Measure 3 apply to you? <input type="radio"/> Yes <input type="radio"/> No	
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.	<b>Numerator:</b> <input type="text"/>
<b>Denominator:</b> Number of radiology orders created by the EP during the EHR reporting period.	<b>Denominator:</b> <input type="text"/>
<b>Percentage:</b>	



## CPOE – Stage 1

**Alternate Objective:** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

**Alternate Measure 1:** (Option 1) More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or

(Option 2) More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

You are attesting to: ☐ Option 1 ☐ Option 2

**Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Does the Exclusion to Measure 1 apply to you? ☐ Yes ☐ No

**Numerator:** Number of patients in the denominator that have at least one medication order entered using CPOE.

**Numerator:**

**Denominator:** Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

Does the Exclusion to Measure 2 apply to you? ☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of laboratory orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**



## CPOE – Stage 1

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

Does the Exclusion to Measure 3 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of radiology orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.



## CPOE – Stage 2

**Objective:** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Does the Exclusion to Measure 1 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of medication orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Does the Exclusion to Measure 2 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of laboratory orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

Does the Exclusion to Measure 3 apply to you?

☐ Yes ☐ No

**Numerator:** The number of orders in the denominator recorded using CPOE.

**Numerator:**

**Denominator:** Number of radiology orders created by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.





## Objective 4: Electronic Prescribing

- Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT
- Alternate Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT





## Electronic Prescribing – Stage 1

As an EP previously scheduled to be in Stage 1 in 2015 you may elect to satisfy the Alternate Objectives, Measures or Exclusions shown below for an EHR reporting period in 2015 only.

Do you elect to satisfy:

☐ Stage 2 Objectives and Measures ☐ Alternative Objectives and Measures for 2015

**Objective:** Generate and transmit permissible prescriptions electronically (eRx).

**Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Any EP who:

**Exclusion 1:** Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

**Exclusion 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☐ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

**Numerator:**

**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

**Denominator:**

**Percentage:**



## Electronic Prescribing – Stage 1

**Alternate Objective:** Generate and transmit permissible prescriptions electronically (eRx). **Alternate Measure:** For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Any EP who:

**Exclusion 1:** Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

**Exclusion 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☐ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

Numerator:

**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

Denominator:

Percentage:

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.



## Electronic Prescribing – Stage 2

**Objective:** Generate and transmit permissible prescriptions electronically (eRx).

**Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Any EP who:

**Exclusion 1:** Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

**Exclusion 2:** Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Does Exclusion 1 to this measure apply to you?

☐ Yes ☐ No

Does Exclusion 2 to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

**Numerator:**

**Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.



## Objective 5: Health Information Exchange

- Measure: The EP that transitions or refers their patient to another setting of care or provider of care must
  1. use CEHRT to create a summary of care record; and
  2. electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.
- Alternate Exclusion: Since this measure was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for this measure.





## Health Information Exchange – Stage 1

**Objective:** The EP, eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The EP who transitions or refers his or her patient to another setting of care or provider of care must do the following:  
(1) Use CEHRT to create a summary of care record.  
(2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

**Alternate Exclusion:** An EP previously scheduled to be in Stage 1 in 2015 you may may claim an exclusion for the measure that requires the electronic transmission of a summary of care document.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

**Numerator:**

**Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.



## Health Information Exchange – Stage 2

**Objective:** The EP, eligible hospital or CAH who transitions a patient to another setting of care or provider of care or refers a patient to another provider of care provides a summary care record for each transition of care or referral.

**Measure:** The EP who transitions or refers his or her patient to another setting of care or provider of care must do the following:

- (1) Use CEHRT to create a summary of care record.
- (2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

**Exclusion:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

Numerator:

**Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Denominator:

Percentage:

The denominator data was extracted:

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.



## Objective 6: Patient Specific Education

- Measure: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.
- Alternate Exclusion: Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.



## Patient Specific Education – Stage 1

**Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

**Measure:** Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**Exclusion:** Any EP who has no office visits during the EHR reporting period.

**Alternate Exclusion:** An EP previously scheduled to be in Stage 1 in 2015 may claim an exclusion for the measure specified for the Stage 2 Patient Specific Education objective.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.

**Numerator:**

**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.





## Patient Specific Education – Stage 2

**Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

**Measure:** Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

**Exclusion:** Any EP who has no office visits during the EHR reporting period.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.

**Numerator:**

**Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.



## Objective 7: Medication Reconciliation

- Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- Alternate Exclusion: Since this was formerly a menu objective, Stage 1 providers in 2015 may claim an exclusion.



## Medication Reconciliation – Stage 1

**Objective:** The EP that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

**Alternate Exclusion:** An EP previously scheduled to be in Stage 1 in 2015 may claim an exclusion for the measure specified for the Stage 2 Medication Reconciliation objective.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.

**Numerator:**

**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

**Denominator:**

**Percentage:**

The denominator data was extracted:

- ☐ from ALL patient records, not just those maintained using certified EHR technology.
- ☐ only from patient records maintained using certified EHR technology.



## Medication Reconciliation – Stage 2

**Objective:** The EP that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

**Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

Does the Exclusion to this measure apply to you?

☐ Yes ☐ No

**Numerator:** The number of transitions of care in the denominator where medication reconciliation was performed.

**Numerator:**

**Denominator:** Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

**Denominator:**

**Percentage:**

**The denominator data was extracted:**

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.



## National Broadband Map (NBM)

- A searchable and interactive tool
- Allows users to view broadband availability across every neighborhood in the United States
- Determine broadband download speed for exclusion criteria in EHR Incentive Program
  - Objectives 8 and 9
- <http://broadbandmap.gov/>



## Objective 8: Patient Electronic Access

- Measure 1: More than 50% of all unique patients are provided timely access to view online, download, and transmit their health information to a third party
- Measure 2: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period



## Objective 8: Patient Electronic Access

- Alternate Exclusion Measure 2: Since it was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for measure 2.





## Patient Electronic Access – Stage 1

**Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

**Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

**Measure 2:** For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Any EP Who:

**Exclusion 1:** Neither orders nor creates any of the information listed for inclusion as part of the measures; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

**Alternate Exclusion for Measure 2:** Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Does exclusion 1 apply to you? ☐ Yes ☐ No

Does exclusion 2 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion to Measure 2 apply to you? ☐ Yes ☐ No

**Numerator:** The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

Numerator:

**Denominator:** Number of unique patients seen by the EP during the EHR reporting period.

Denominator:

Percentage:

Did you achieve the Measure 2 requirements for this objective? ☐ Yes ☐ No

The denominator data was extracted:

- ☐ from ALL patient records, not just those maintained using certified EHR technology.  
☐ only from patient records maintained using certified EHR technology.





## Patient Electronic Access – Stage 2

<b>Objective:</b> Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.	
<b>Measure 1:</b> More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.	
<b>Measure 2:</b> For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	
Any EP Who:	
<b>Exclusion 1:</b> Neither orders nor creates any of the information listed for inclusion as part of the measures; or	
<b>Exclusion 2:</b> Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.	
Does exclusion 1 apply to you?	<input type="radio"/> Yes <input type="radio"/> No
Does exclusion 2 apply to you?	<input type="radio"/> Yes <input type="radio"/> No
<b>Numerator:</b> The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.	<b>Numerator:</b> <input type="text"/>
<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period.	<b>Denominator:</b> <input type="text"/>
	<b>Percentage:</b> <input type="text"/>
Did you achieve the Measure 2 requirements for this objective? <input type="radio"/> Yes <input type="radio"/> No	
<b>The denominator data was extracted:</b>	
<input type="radio"/> from ALL patient records, not just those maintained using certified EHR technology.	
<input type="radio"/> only from patient records maintained using certified EHR technology.	



## Objective 9: Secure Messaging

- Measure: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.
- Alternate Exclusion: Since this measure was based on Stage 2 and there was no equivalent measure, Stage 1 providers in 2015 may claim an exclusion for this measure.



## Secure Messaging – Stage 1

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Any EP who:

**Exclusion 1:** Has no office visits during the EHR reporting period; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Does Exclusion 1 apply to you?

☐ Yes ☐ No

Does Exclusion 2 apply to you?

☐ Yes ☐ No

Does the Alternate Exclusion to this measure apply to you?

☐ Yes ☐ No

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No



## Secure Messaging – Stage 2

**Objective:** Use secure electronic messaging to communicate with patients on relevant health information.

**Measure:** For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Any EP who:

**Exclusion 1:** Has no office visits during the EHR reporting period; or

**Exclusion 2:** Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Does Exclusion 1 apply to you?

☐ Yes ☐ No

Does Exclusion 2 apply to you?

☐ Yes ☐ No

Did you achieve this objective by meeting the measure?

☐ Yes ☐ No



## Objective 10: Public Health Reporting

- For 2015, Stage 1 EPs must meet at least 1 measure:
- Measure 1 (Immunization): Active engagement with a public health agency to submit immunization data
- Measure 2 (Syndromic Surveillance): Active engagement with a public health agency to submit syndromic surveillance data
- Measure 3 (Specialized): Active engagement to submit data to a specialized registry



## Objective 10: Public Health Reporting

- Alternate Exclusions:
- Stage 1 providers in 2015 may claim alternate exclusions for measure 1, 2, or 3
- Maximum 2 alternate exclusions may be claimed
- Provider must meet the remaining measure or exclusion criteria



## Active Engagement

- Completed registration to submit data
- Testing and Validation
- Production





## Public Health Reporting – Stage 1, Measure 1

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Instructions:** In order to meet the objective an EP must choose a minimum of 2 measures from measures 1 through 3. The EP may attest to measure 3 more than one time to satisfy this requirement. Any provider that cannot meet the minimum threshold of 2 measures must qualify for an exclusion to all the remaining measures. These measures may be met by any combination in accordance with applicable law and practice.

**Measure 2:** Exclusion 3 applies to all TN Eligible Professionals.

**For 2015 only:** Any provider attesting to Stage 2 that did not intend to attest to measures 2 or 3 below may select the Alternate Exclusion for these measures to satisfy the requirement.

**Measure 1: Immunization Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Any EP who:

**Exclusion 1:** Does not administer any immunizations to any of the populations for which data is collected by his or her jurisdiction's immunization registry or immunization information system during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of his or her EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction in which no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

**Choose the best description of how you met this measure from the options below:**

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.





## Public Health Reporting – Stage 1, Measure 2

**Measure 2: Syndromic surveillance reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Any EP who:

**Exclusion 1:** Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

**Exclusion 2:** Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.  
*Note: Exclusion 3 currently applies to all TN Eligible Professionals.*

**Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

**Choose the best description of how you met this measure from the options below:**

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## Public Health Reporting – Stage 1, Measure 3

**Measure 3: Specialized registry reporting:** The EP is in active engagement to submit data to specialized registry.

Any EP who:

**Exclusion 1:** Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

**Exclusion 3:** Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

Please identify the Specialized Registry to which electronic case reports were sent:

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

☐ Option 2 - Testing and Validation

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ Option 3 - Production

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

If attesting to Measure 3 twice, please identify the second Specialized Registry to which electronic case report were sent. Otherwise leave blank.

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

☐ Option 2 - Testing and Validation

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ Option 3 - Production

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## Public Health Reporting – Stage 2, Measure 1

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

**Instructions:** In order to meet the objective an EP must choose a minimum of 2 measures from measures 1 through 3. The EP may attest to measure 3 more than one time to satisfy this requirement. Any provider that cannot meet the minimum threshold of 2 measures must qualify for an exclusion to all the remaining measures. These measures may be met by any combination in accordance with applicable law and practice.

**Measure 2:** Exclusion 3 applies to all TN Eligible Professionals.

**For 2015 only:** Any provider attesting to Stage 2 that did not intend to attest to measures 2 or 3 below may select the Alternate Exclusion for these measures to satisfy the requirement.

**Measure 1: Immunization Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Any EP who:

**Exclusion 1:** Does not administer any immunizations to any of the populations for which data is collected by his or her jurisdiction's immunization registry or immunization information system during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of his or her EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction in which no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.





## Public Health Reporting – Stage 2, Measure 2

**Measure 2: Syndromic surveillance reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Any EP who:

**Exclusion 1:** Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

**Exclusion 2:** Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

**Exclusion 3:** Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

*Note: Exclusion 3 currently applies to all TN Eligible Professionals.*

**Alternate Exclusion:** An EP may claim an exclusion to this measure if for an EHR reporting period in 2015 they had not intended to attest to the equivalent prior menu objective.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## Public Health Reporting – Stage 2, Measure 3

**Measure 3: Specialized registry reporting:** The EP is in active engagement to submit data to specialized registry.

Any EP who:

**Exclusion 1:** Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period.

**Exclusion 2:** Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

**Exclusion 3:** Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

**Alternate Exclusion:** An EP may claim an exclusion to this measure if for an EHR reporting period in 2015 they had not intended to attest to the equivalent prior menu objective.

Does Exclusion 1 apply to you? ☐ Yes ☐ No

Does Exclusion 2 apply to you? ☐ Yes ☐ No

Does Exclusion 3 apply to you? ☐ Yes ☐ No

Does the Alternate Exclusion apply to you? ☐ Yes ☐ No

Did you achieve this objective by meeting the measure? ☐ Yes ☐ No

Please identify the Specialized Registry to which electronic case reports were sent:

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

If attesting to Measure 3 twice, please identify the second Specialized Registry to which electronic case reports were sent. Otherwise leave blank.

Choose the best description of how you met this measure from the options below:

☐ Option 1 - Completed Registration to Submit Data

☐ Option 2 - Testing and Validation

☐ Option 3 - Production

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.



## CMS FAQ on Public Health Reporting

- FAQ #12985 – For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?
  - CMS is going to allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with their policy for other objectives and measures.



## Specialized Registry Reporting

- Step 1: Check with state registries available
- Step 2: Check with specialty societies with which you are affiliated and see if they have an endorsed registry
- Document your own circumstances



Iowa Department of Human Services

Avoid Medicare Payment Penalty

# **ALTERNATE ATTESTATION METHOD**





# Medicaid EP's - Avoid Medicare Payment Adjustment Option

- Alternate method of demonstrating MU for certain Medicaid providers beginning in 2015
- Attest through the Medicare R&A system
- No incentive payment
- Does not constitute a 'switch' of programs
- Attest only one place per incentive program year (Medicaid or Medicare R&A)



## Alternate Attestation Method

- Medicaid EPs who do not meet the eligibility criteria to attest to the Medicaid EHR Incentive program and want to avoid Medicare payment adjustment, would have the option of attesting through the EHR Incentive program Registration and Attestation system for the purpose of avoiding the Medicare payment adjustment.
- This alternate method would allow EPs who have previously received an incentive payment under the Medicaid EHR Incentive program (for either Adopt, Integrate, Upgrade [AIU] or Meaningful Use [MU]) to demonstrate that they are meaningful EHR users in situations where they fail to meet the eligibility criteria for the Medicaid EHR Incentive program in a subsequent year.



## Attest at Medicare R&A site to avoid payment adjustment

- In Medicaid system, treated as if the EP had not attested to MU
  - EHR reporting period for subsequent years NOT determined by use of alternate method (Medicare R&A attestation)
  - 6 years of eligibility total for Medicaid incentive program



## Example:

- An EP could still have a 90-day EHR reporting period for the Medicaid EHR Incentive Program for their first year of demonstrating meaningful use even though they had demonstrated meaningful use through this alternate method in a previous year.



# Medicare Payment Adjustment

- If EP successfully attests to Medicaid for MU payment, Medicaid will report the attestation to Medicare; the provider avoids the payment penalty



Iowa Department of Human Services

# 2016 ATTESTATIONS



## 2016 Program Year Reporting Dates

- AIU
  - Begin 2016 attestation January 11, 2016, until 2016 tail period ends in 2017 (specific end date TBD)
- MU Year 1 – 90 day reporting
  - Begin attestation April 1, 2016 through 2016 tail period (TBD)
- MU Year 2 and beyond
  - Full calendar year reporting
  - Begin attestation in January 2017 through 2016 tail period (TBD)



Iowa Department of Human Services

Medicaid Participation Timeline

# SUMMARY





## Medicaid Participation Timeline

- 2015: All providers 90 days
  - Attest to modified version of Stage 2 with alternative measures/exclusions for Stage 1 providers
- 2016: First year MU 90 days; all other full year
  - Attest to modified version of Stage 2
  - Certain measures have alternative measures/exclusions for Stage 1 providers
- 2017: First year MU 90 days; all other full year
  - Attest to modified version of Stage 2 full year
  - Providers opting to attest to Stage 3 can use EHR reporting of any 90-day period within the reporting year, must have 2015 CEHRT
- 2018: First year MU 90 days; all other full year
  - Attest to Stage 3
  - Must use 2015 CEHRT



## Medicaid MU Path

The chart below illustrates the Medicaid MU path providers must follow from Stage 1 through Stage 3, depending on the year they began participating.

Program Year	2011	2012	2013	2014	2015	2016	2017	2018
2011	AIU	1	1	1 or 2*	2*	2*	2* or 3	3
2012		AIU	1	1 or 2*	2*	2*	2* or 3	3
2013			AIU	1*	2*	2*	2* or 3	3
2014				AIU	2*	2*	2* or 3	3
2015					AIU	2*	2* or 3	3
2016						AIU	2* or 3	3

STAGE OF MEANINGFUL USE CRITERIA BY PROGRAM YEAR

\* The Modifications to Stage 2 include alternate exclusions and specifications for certain Objectives and measures for providers that were scheduled to demonstrate Stage 1 of MU in 2015.



## Sources

- CMS presentation regarding the 2015-2017 Modification Rule
- <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>



## More Information

- CMS EHR website:
  - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- DHS HIT website:
  - <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/EHRincentives>



## 2015 Attestation

- IME will begin accepting 2015 attestations on Monday, January 11, 2016
- Close 2015 attestations Friday, March 11, 2016, 11:59 PM



Iowa Department of Human Services

Email: [IMEincentives@dhs.state.ia.us](mailto:IMEincentives@dhs.state.ia.us)

**QUESTIONS?**